

NEIGHBORHOOD DEVELOPMENT FUND

Not-for-Profit Request

DATE:

7-25-06

TO:

Appropriations Committee

FROM:

Council Member

George Unsell

RE:

Request for Neighborhood Development Fund to be considered by the Appropriations Committee.

I have reviewed the attached Proposal in the amount of \$ 2000. through the Metro Council for NATIONAL HERITAGE SEIGE and have found it complete and within our guidelines. I/We have read the organization's statement of public purpose to be furthered by the funds requested and I/We agree that the public purpose is legitimate. I/We have also completed the disclosure section below.

Please add this Grant Proposal Agreement to the agenda of the next Appropriations Committee Meeting.

George Unsell \$2,000
Signature of Council Member

Signature of Council Member

Signature of Council Member

Signature of Council Member

Signature of Council Member

Signature of Council Member

Signature of Council Member

Signature of Council Member

DISCLOSURE

List below any relation you have with the organization requesting the grant (your, your family, your legislative assistant or any city employee to this organization and to any member of the organization's board of directors or their employees.)

Approved by:

Appropriations Committee Chairman

Date


OFFICE OF METRO COUNCIL CLERK
RECEIVED
DATE 7/26/06 TIME: 4:00PM



SECTION ONE: **DESCRIPTION OF APPLICANT AGENCY/ORGANIZATION**

IDENTIFYING INFORMATION

- I. **Official Name of Agency/Organization (Agency) as listed with the Kentucky Secretary of State:**
SEIGE - Support Epilepsy in Guiding Epileptics
- II. **Organization number as listed with the Kentucky Secretary of State:** _____
- III. **List any "working" or "does business as" names for organization:**

- IV. **Address of main office: (street and zip + 4)**
218 E Oak St #104
Louisville Ky 40203
- V. **P. O. / mailing address if different:** _____ (zip + 4) _____
- VI. **Phone # (502) 635-2873** Fax# (502) _____
- VII. **E-Mail** Seigeky9insightbb.com
- VIII. **Agency's Legal Signatory/Title**
Name Nelbush D'Holman 
Title
President / founder
- IX. **Contact person responsible for application:**
A. **Name:** Nelbush D'Holman
B. **Phone # (502) 635-2873** Fax# (502) _____
C. **E-Mail** Seigeky9insightbb.com

DESCRIPTION OF AGENCY

Describe your Agency's vision, mission and services:

SEIGE's mission is its name -
Support Epilepsy In Guiding Epileptics - our Vision is to Guide
Others to the light And away from the stigma they hold over themselves.
Epilepsy is one the oldest illnesses known to man but society is still in
the DARK Ages. We educate for free, we offer avenues throughout each
year. But I want my members meet more people at the State Fair.

- II. Total number of Board members _____
- III. Number of Board meetings held to date in current fiscal year _____
- IV. Average attendance at Board meetings _____

FACILITIES

- I. List location(s) and terms (owned, rented, leased, or donated).
- A. Main Library - 301 W. York
- B. _____
- C. _____
- D. _____
- II. Are all facilities handicapped accessible? Yes ☒ No _____
- III. If no, please explain:
- _____
- _____
- _____
- _____

FINANCIAL INFORMATION

- I. Agency's fiscal year from (month) _____ to (month) _____
- II. Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? No _____ Yes _____
- III. If yes, please explain.
- _____
- _____
- _____
- _____
- IV. For the **current fiscal year**, list funds received from Louisville Metro Government, including funds from any department, office, etc. in either the former City of Louisville or Jefferson County.
- \$ 0 Source: _____
- \$ _____ Source: _____
- \$ _____ Source: _____
- _____

\$ _____ Source: _____

V. Provide one copy only of each of the following, as appropriate (4 points):

- A. Articles of Incorporation.
- B. Approved budget or executive summary for your Agency's current fiscal year.
- C. Proof of IRS 501(C) (3) status, or application for this IRS status, if applicable.
- D. Staffing structure for entire Agency, including organizational chart.
- E. Board member list; specify chair, vice-chair, secretary, and treasurer.
- F. If your Agency is an employer required to have a written Affirmative Action/Equal Employment Opportunity policy: copy of policy.
- G. If rent/occupancy costs are being requested: copy of the signed lease.
- H. If program participants have the opportunity to evaluate the services received: one copy each of any forms used.

VI. List below any relationship any members of your Board of Directors or employees have with any Metro Council Member, Council Member's family, Council Member's staff, or any Louisville Metro Government employee.

N/A

VII. I certify under the penalty of law that the information in this application is accurate to the best of my knowledge. I am aware that my Agency will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am authorized to sign this application for the Agency.

Name of Legal Signatory: (type or print) Deborah ANN O'GORMAN

Title: President / Founder of SEIGE

Signature Deborah O'Gorman

Date 07 / 06 / 06

LOUISVILLE METRO COUNCIL
APPLICATION FORM FOR
NEIGHBORHOOD DEVELOPMENT FUNDS
(2005-2006)

Proposed Activity/Need: Kentucky State Fair 2006

Name of Applicant Agency: SEIGE (Support Epilepsy & Guiding Epileptics)

AMOUNT OF FUNDING REQUESTED \$2000.00

I. Contact Person responsible for the Activity described in this proposal:

A. Name Deborah O'Gorman
B. Title President
C. Phone # (502) 635-2873 Fax # (502)
D. E-mail seige.ky@insightbb.com

2. If funded, this activity will further which of the major goals of Louisville Metro listed below.

☐ Bringing Us Together

☐ Keeping Us Safe

☒ Promoting Education and Growing Jobs

☒ Enhancing Neighborhoods and Protecting Our "Louisville" Quality of Life

3. If funded, this activity will strengthen (check one):

- ☒ Youth (teenagers, ages 13-19)
☐ Human Services (Citizens with barriers to meeting basic human needs)
☐ Arts/cultural
☐ Neighborhoods
☐ Business Associations
☐ Parks
☐ Community Activities and Events
☐ Other: if you do not believe your proposal fits any of the above, please describe the nature of your request:

4. If approved, Louisville Metro Funds will be used for (check one)

- ☒ Operating Funds (cannot exceed 33% of agency's total budget)
☐ Programming/services/events for direct benefit to community or qualified individuals
☐ Capital equipment (small operating equipment which may be used to benefit the individuals or community being served. (No building or renovations)

5. PROPOSAL DESCRIPTION: Describe how you are going to further one of the four major goals of Louisville Metro Government by this proposal. (See #2)

At the State Fair - we give out "Free" education of all the types of seizures - their triggers and what fights them. People will learn how to get free medicine - about ADA rights on EPILEPSY with the medical ID.

6. Describe the activity being proposed to address the goal.

State Fair gives us the opportunity to show the whole Commonwealth that SEIGE is a SEARCH engine on Epilepsy and help people with Epilepsy understand and most of all ACCEPT themselves.

I hate when people say - "You don't look Epileptic"!!!

7. Describe how the funding is to be used. BE SPECIFIC.

\$2000.00 - \$1200.00 Booth
400.00 Tns
400.00 Petty Cash - Copies - Tickets - Ice etc.
\$2000.00

8. Describe the results/goals for this proposal. How will you know it is successful?

Monthly meetings held at Main library - training for local divisions (TAAC, TARES, City Police, 4th St Live, etc)

Health fairs -
Putting epilepsy on the medical map

EXPECTATIONS/REQUIREMENTS INCLUDE BUT ARE NOT LIMITED TO:

- Participate in post-award training.
- Make all program and financial records available to any monitors from Louisville Metro to assure compliance with the approved funding.
- Failure to provide the services, programs or projects included in the agreement will result in funds being withheld, or in requirement for reimbursing Louisville Metro.
- Return to Louisville Metro of any unexpended funds by July 31, 2006.
- Documentation of all expenditures (canceled checks, receipts, paid invoices)

COMPLETE PAGE 3 -BUDGET SUMMARY STATEMENT FOR THIS PROJECT.

STAFF ONLY:

_____ Description of Applicant Agency/Organization Complete

_____ All documentation is attached: 501(c)3 status, Articles of Incorporation, Secretary of State status, EIN (Employer Identification Number)

PROJECT/PROGRAM BUDGET SUMMARY STATEMENT

AGENCY NAME: SEIGE

Project/Program Name: Kentucky State Fair 2006

This Project/Program Proposal is # _____ of _____



REVENUES ANTICIPATED	2005-2006	% of Total Revenue
	Round to the nearest \$100	
Louisville Metro Government Requested of Metro Agency: Metro Council	\$ 2000	
State of Kentucky		
Federal Government (Including Federal Pass-thru to State)		
United Way		
Fees for Services		
Private Contributions		
Interest Income		
Other Sources (Please specify)		
TOTAL REVENUES	\$ 2000	100%

OPERATING EXPENSES		
Personnel (including all fringes)		
Operating (Contractual and Supplies)		
Capital Equipment (Small Operating Equipment)		
TOTAL EXPENDITURES	\$	100%

Value of in-kind assets, such as donated space, supplies, use of equipment, etc.	\$
Value of volunteer services and how computed:	\$



PRESIDENT

John T. Houk, III

EXECUTIVE DIRECTOR

Dr. J. T. Dock Houk, JD, PhD, CPhD

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Lesley Winston, CPCU, CPhD, NARA
Damis G. Yancopoulos

May 17, 1999

Deborah O'Gorman, Director
S.E.I.G.E.: Support Epilepsy in Guiding Epileptics
1601 KY Towers
Louisville, KY 40202

Dear Ms. O'Gorman:

This letter confirms that the foundation, S.E.I.G.E.: Support Epilepsy in Guiding Epileptics, is a part of the National Heritage Foundation and shares our 501(c)(3), 509(a)(1) federal tax status (TIN 58-2085326).

Our motto, "For every hurt there is a helper," is certainly embodied S.E.I.G.E. Your desire to open the eyes of the public by educating them with the support of other epileptics certainly helps to find a way to make life better for others.

We believe that this Foundation represents the essence of public-minded benevolence needed in today's communities.

Sincerely,

John T. Houk III, President
National Heritage Foundation

6218 Beachway Drive • P.O. Box 1776 • Falls Church, Virginia 22041
Tel: 800.986.4483 • Fax: 703.820.5100
E-Mail: foundations@nhf.org
Website: <http://www.nhf.org>

#7709

There are some who've left a name so that tomorrow will see their light ... and some who will perish as though they never lived.

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COMMONWEALTH OF KENTUCKY
TREY GRAYSON, SECRETARY OF STATE
ANNUAL REPORT
DUE JUNE 30, 2006



0508532

ORGANIZATION ID #
0508532

STATE OR COUNTRY
OF INCORPORATION

KY

ORGANIZATION
DATE

01/09/2001

FILING
FEE

\$4.00

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

SEIGE, INC.
218 E. OAK ST.
#105
LOUISVILLE, KY 40203

(2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS

Changes made to the registered agent or registered office cannot be made on this form. Complete (4) to request a form to be mailed or download form from web site.

DEBORAH O'GORMAN
218 E. OAK ST.
APT. 105
LOUISVILLE, KY 40203

(3) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

(4) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO

(5) PRINCIPAL OFFICERS If (5) is blank, type or print the names and business addresses of the current principal officers. If sole officer, please note. The annual report will be returned if business addresses are not listed. If the corporation has previously filed an annual report, verify the names and titles of officers listed below. Please note any additions to or changes in the principal officers and give the business address for each person listed.

Vice President	Michael Mullarkey Tom Sluggen	P.O. Box 4503 Lou Ky 40204
President	Deborah O'Gorman	218 E Oak St #105 Lou. Ky 40203
Secretary	Tom Sluggen Pam Gaines	4105 Pocelli Place Louisville ky 40245
Treasurer	Natl Heritage Foundation	6018 Beach
		6001 Leesburg Pike Suite 405 Falls Church Va 22041

(6) DIRECTORS Type or print the names and business addresses of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors (KRS 271B.8-010(3)). Nonprofit corporations must list three (3) or more directors (KRS 273.211). The annual report will be returned if business addresses are not listed.

Pam Gaines Patricia O'Horman	3108 Commander Ct Lou Ky 40213
Maria Easley	
Pat Netherton	138 Carolina Ave Mt Washington Ky 40047

(7) Check here if you are a cooperative corporation or association organized under KRS 272. ☐

Check here if you are a rural electric or rural telephone cooperative corporation organized under KRS 279. ☐

I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

Deborah O'Horman Signature of Officer or Chairman of the Board
Pres / Foreman Type or Print Name
Deborah O'Horman Title
June 6, 06 Date

ANNUAL REPORT AND FILING FEE

Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

MAILING ADDRESS

Trey Grayson
Secretary of State
P O Box 1150
Frankfort, KY 40602-1150

OFFICE LOCATION

Secretary of State
State Capitol, Room 154
700 Capital Avenue
Frankfort, KY 40601
(502)-564-2848

NOTE: P O Box 1150 is for
annual report filings only.

ARTICLES OF INCORPORATION

OF

SEIGE, INC.

The undersigned incorporator, Charles T. Rogers, Jr., executes these articles of incorporation for the purpose of forming and does hereby form a corporation under the laws of the Commonwealth of Kentucky in accordance with the following provisions:

ARTICLE I

Name

The name of the Corporation is SEIGE, Inc.

ARTICLE II

Purposes

The purposes of the Corporation are:

- a) To assist individuals having seizures and their families, through education and charitable activities and the agencies its serve them in the mutual planning and funding of those efforts to promote their full inclusion and participation in the larger society in accordance with their interests and abilities.
- b) To solicit and receive contributions from public and private sources and to make distributions of such funds to organizations that qualify as exempt organizations under Sections 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), or under any corresponding provision of any successor caught if a K. (a "Successor Code") of the federal tax laws.
- c) To exercise in furtherance of its purposes all powers possessed by a corporation formed under the Kentucky Nonprofit Corporation Act (or under any successor codification of the laws governing Kentucky nonprofit corporation's) that are not inconsistent with the Corporation's qualification under the Code as a corporation organized in operated for charitable and educational purposes.

ARTICLE III

Internal Affairs

The following provisions to regulate the internal affairs of the Corporation:

- a) The Corporation's stated purposes shall be construed and its operations shall be conducted so as to qualified the Corporation under Section 501(c)(3) of the Code (or under any corresponding provision of any Successor Code) as a corporation organized in operated exclusively for charitable and educational purposes.
- b) No part of the Corporation's net earnings shall inure to the benefit of any private shareholder or individual.
- c) Any or all of the Corporation's directors may be removed from office by vote in favor of such action by two-thirds of the directors of the Corporation been in office whenever in those directors' judgment the best interests of the Corporation will be served thereby.
- d) No substantial part of the Corporation's activities shall consist of the carrying on of propaganda or otherwise attempting to influence legislation.
- e) The Corporation shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office.
- f) Upon dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Code or of any corresponding provision of any Successor Code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is then located, and exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE IV

Registered Office and Registered Agent

The street address of the initial office of the corporation in the Commonwealth of Kentucky is 1601 Kentucky Towers, Louisville, Kentucky 40202. The initial registered agent, at the same address, is Deborah O'Gorman.

ARTICLE V

Principal Office

The mailing address of the principal office of the corporation is SEIGE, Inc., 1601 Kentucky Towers, Louisville, Kentucky 40202.

ARTICLE VI

Initial Directors

The initial Board of Directors of the Corporation shall consist of five members who shall hold office until the initial organizational meeting of the Corporation, as provided in the By-Laws. The names and mailing addresses of the persons serving as the initial directors are:

Deborah O'Gorman
1601 Ky Towers
Louisville, Ky 40202

Tom Stigger
P.O. Box 4503
Louisville, Ky 40204

Susan/Dwight Grant
203 Country Acres #4
Louisville, Ky 40218

ARTICLE VII

Members

Both individuals in organizations may become members of the Corporation by paying in annual dues, to be set by the Board of Directors, and a simple majority of members present at the Annual Meeting shall elect the Board of Directors.

ARTICLE VII

Limitation of Director Liability

A Director of the Corporation shall not be personally liable to the Corporation for monetary damages for breach of duty as a director; provided that this provision shall not eliminate or limit the liability of a Director for (i) any transaction in which the Director's personal financial interest is in conflict with the financial interest of the Corporation, (ii) acts or omissions not in good faith or which involve intentional misconduct that are known to the Director to be a violation of law, or (iii) any transaction for which the Director derived an improper personal benefit.

ARTICLE VIII

Incorporator

The name and address of the incorporator is Charles T. Rogers, Jr., 1001 Springside Way, Louisville, Kentucky 40223.

Charles T. Rogers, Jr., Incorporator



Kentucky State Fair
August 17-27, 2006
South Wing Exhibits

Application Deadline: April 28, 2006

Organization Name: Support Epilepsy In Guiding Epilepsy - SEIGE

Mailing Address: 218 E Oak St #105

City/State/Zip: Lou Ky 40203

Contact Person/Title: Deborah O'Gorman / Pres - founder

Telephone: (502) 635-2873 Fax: ()

E-mail: Seigeky9insightbb.com

Please call me about being a Corporate Sponsor for Health Horizons.

Please select from the preferences below regarding your carpeted exhibit space:

Size: 10' x 10' (\$600.)

☒ 10' x 20' (\$1,200.)

 10' x 30' (\$1,800.)

 Bulk Space ' x '
(400 square feet or greater @ \$5/square foot)

Configuration: Booth (three sides with draped backdrop, one side open)

 Open- 20'x20' and larger only (kiosk or other free-standing or in-the-round display)

FREE HEALTH SCREENINGS ARE HIGHLY ENCOURAGED !!!

Please use the space below or the back of the application for the following:

Describe your plans and goals for your State Fair exhibit.

Reach out and touch the people with epilepsy - we are a free "Search engine"
There are so many items the people are not educated on, the illness of
epilepsy is very deep. The best friend is another person with seizures that is along

Describe any health screenings, promotional activities, visitor registration activities, giveaways, programs or in a
presentations you are planning for your exhibit. Support Group

Coupons from pepsi > Caffeine can trigger neurological issues / VNS Seminars
Samplers Vagus Nerve Stimulator

If you wish to be located near similar organizations, please describe below. Please indicate if we need to send
information to these organizations.

Chiropractor - Medicine / Medicine covers this and these treatments relax fight seizures

*Note: Completing this application does not guarantee exhibit space. Space will be assigned on a first-come, first-served basis
and applicants will be reviewed for appropriate content. We do not allow direct sales. Exhibitor Contracts will be issued to
formalize terms by May 30. Signed contracts and payments will be due on or before June 15.

Return to: Health Horizons, Kentucky State Fair, PO Box 37130, Louisville, KY 40233-7130

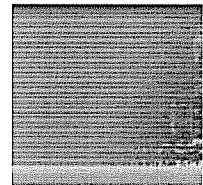
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Organization Number	0508532
Name	SEIGE, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	1/9/2001
Organization Date	1/9/2001
Last Annual Report	6/15/2006
Principal Office	218 E. OAK ST. #105 LOUISVILLE, KY 40203
Registered Agent	DEBORAH O'GORMAN 218 E. OAK ST. APT. 105 LOUISVILLE, KY 40203

Current Officers**President** Deborah O'Gorman**Vice President** TOM STIGGER

Secretary	<u>PAM GAINES</u>
Treasurer	<u>Natl Heritage Foundation</u>
Director	<u>Pat Netherton</u>
Director	<u>PATRTICIA OGORMAN</u>
Director	<u>TOM WILSON</u>

Incorporators and Initial Directors

Incorporator	<u>DEBORAH O'GORMAN</u>
Director	<u>DEBORAH O'GORMAN</u>
Director	<u>TOM STIGGER</u>
Director	<u>SUSAN GRANT</u>
Director	<u>DWIGHT GRANT</u>

This organization has no assumed names**Images Available Online**

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

6/15/2006	1 page	<u>tiff</u>	<u>PDF</u>	<u>Annual Report</u>
6/16/2005	3 pages	<u>tiff</u>	<u>PDF</u>	<u>Reinstatement</u>
6/16/2005	1 page	<u>tiff</u>	<u>PDF</u>	<u>Statement of Change</u>
6/16/2005	1 page	<u>tiff</u>	<u>PDF</u>	<u>Annual Report</u>
11/9/2004	1 page	<u>PDF</u>		<u>Administrative Dissolution</u>
8/28/2002	1 page	<u>tiff</u>	<u>PDF</u>	<u>Annual Report</u>

Certificates AvailableCertificate of ExistenceCertificate of Existence (Reinst)Certificate of Registered Agent (Domestic and Foreign)

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